

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27686**
Registrar's No. **37**

Registration District No. **4**

Primary Registration District No. **4550**

1. PLACE OF DEATH:

(a) County **AUDRAIN**
(b) City or town **VANDALIA**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
611 WEST HIGHWAY 54
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **APPROX 15 YRS** (Specify whether years, months or days)
In this community **APPROX 15 YRS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **AUDRAIN**
(c) City or town **VANDALIA**
(If outside city or town limits, write "RURAL")
(d) Street No. **611 WEST HIGHWAY 54**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **ZELLA MARY SMITH**

3. (b) If veteran, name war **—** 3. (c) Social Security No. **—**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
(b) Name of husband or wife **JAMES A. SMITH** 6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **SEPTEMBER 9 1878**
(Month) (Day) (Year)

8. AGE: Years **62** Months **11** Days **29** If less than one day hr. min.

9. Birthplace **PLEASANT HILL ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE KEEPER**

11. Industry or business

12. Name **ANTHONY ROY**
13. Birthplace **BORDEAUX FRANCE**
(City, town, or county) (State or foreign country)
14. Maiden name **MARY FRANCES KERRY**
15. Birthplace **ST. LOUIS COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **DOT ISENHART**
(b) Address **728 WEST LAWN MOBERLY Mo.**

17. (a) **BURIAL** (b) Date thereof **SEPT 7 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **VANDALIA CEMETERY**

18. (a) Signature of funeral director **U.S. Water**
(b) Address **Vandalia, Missouri**

19. (a) **9/6/41** (b) **U.S. Water**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **5th** year **1941** hour **6:00** minute **P** M.

21. I hereby certify that I attended the deceased from **August 28** 1941 to **Sept 2nd** 1941;
that I last saw her alive on **Sept 5th** 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis** Duration **1 day**

Due to **Cerebral Hemorrhage** **8 days**
Arterial Hypertension **6 yrs**

Other conditions **Chronic diffuse Interstitial Nephritis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **1510**
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **—**
(b) Date of occurrence **—**
(c) Where did injury occur? (City or town) (County) (State) **—**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **—**
While at work? (Specify type of place) (e) Means of injury **2**

23. Signature **Dr. R. H. Marshall** (M.D. or other) **Do.**
Address **Vandalia Mo.** Date signed **Sept. 6**

SEP 2 01841

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Thos B. Waters

Licensed Embalmer No.....

4169

P. O. Address.....

Valdalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.